UNITED STATES HOUSE OF REPRESENTATIVES			LEGISLATIVE RESOURCE CENTRER of 8_	€Rof 8
FINANCIAL DISCLOSURE STATEMENT	For New Members, C	For New Members, Candidates, and New Employees	2014 MAY 22 PM 1:52	
Name: Aimee Belgard C	Daytime Telephone:		OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	/ES
New Member of or Candidate for State: NJ U.S. House of Representatives District: 3 FILER Candidates – Date of Election: 6/3/14: 11/4/14		Check if Amendment	(Office Use Only)	
New Officer or Employee Employing Office:		Period Covered: January 1, 2013 to April 15, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	inst any 's late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIC	ONS		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	X No E.	E. Did you hold any reportable positions during in the current calendar year up through the	ng the reporting period Yes X No	
Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X No Fil	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No	×
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No J. I	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No	×
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YE	ESPONDING SCHE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	S" D COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES	INFORMATION -	ANSWER <u>BOTH</u> OF THESI	E QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	n Ethics and certain other *6	excepted trusts" need not be disclosed. He	ave you excluded from Yes No	X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child becautests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, transactions, or liabil Committee on Ethics.		use they meet all three Yes . No	No X

SCHEDULE A - ASSETS & "UNEARNED INCOM

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Name: Aimee Belgard		
Page_2_ of _8		

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Fidelity Select Technology	Fidelity Select Health Care	Fidelity Growth & Income	Fidelity Contra Fund	Comcast Corp. Ct.A	ABC Hedge Fund X	Exemples: Simon & Schuster	Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	if you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was retals income during the reporting period); and any finercial interest in, or income derived from, a federal retrement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its admittes, and its geographic location in Block A.	For rental and other real property haid for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	or cent and core case seconds, but a learning and manager all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	au (x, plains) provide the value for each asset near in the account that exceeds the reporting thresholds.	For all IRAs and other rebrement plans (such as	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		Assets and/or income Sources	BLOCK A
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					Partnership Income	Royalbes		Other T	rpe of Income (Sp	ecify: e.(y., Parinership Inco	ne or Farm Inco	me)				Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate bux-deferred income (auch as 401(k), IRA, £59 accounts), you may check the "Tax-Deferred column. Dwfeinds, thereast, and capital gains, even if winvested, must be disclosed as income for assess haid in taxable accounts.		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Aimee Belgard

Page 4

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SCHEDULE C - EARNED INCOME

Name: Aimee Belgard Page 5 of 8

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

Examples	INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	nbers and employees compensa essional services involving a fidu	ted at or above the 'senior staff' ranciary relationship) are totally prohibit Am.	te was \$26,955. It is unchanged in ed for Members and senior staff.
Hotomatum Salary Hotomatum Salary N/A Salary Salary N/A Salary S	Source (include date of receipt for honoraria)	Type		Amount
### Spanse Singer 10,597 10,000 1	Course (monage date of receipt for nonvitaria)	Jype	Current Year to Filing	Preceding Year
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Anoders Salary 13,597.13 Salary 13,597.13 Spouse single member, LLC N/A Pouse-single member, LLC N/A	Ontario County Board of Education	Spouse Salary	NA	NA
Aviders Salary 13,597,19 Salary N/A Spouse N/A Spouse-single member, LLC N/A A A A A A A A A A A A A	Sweeney & Sheehan, P.C	Salary	74,279	102,283
Spause N/A Spause single member, LLC N/A N/A	Burlington County Board of Chosen Freeholders	Salary		N/A
Spouse N/A Spouse-single member, LLC N/A P	Edgewater Park Township Committee	Selery	N/A	Declined
Spouse-single member, LLC NIA	Edgewater Park Township Committee [2]	Spouse	N/A	NA
	Reliable Renovation & Remodeling, LLC	Spouse-single member, LLC	N/A	N/A
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SCHEDULE D - LIABILITIES

Name: Airnee Belgard Page 6_ of _8__

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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			Sallie	Example			
			Sallie Mae	First Bank of Wilmington, DE	Creditor		
	•		March 2003	5/98	Date Liability Incurred MO/YR		
			Student Loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Volunteer President-Elect	American Cancer Society Board, Eastern Division
Volunteer 2nd V.P	American Cancer Society Board, Eastern Division
Volunteer Board Mem 102	American Cancer Society Cancer Action Network Board of Directors
Various Volunteer Positions	American Cancer Society
Volunteer Board Member	Riverfront YMCA, Burlington County Board of Advisors

SCHEDULE F - AGREEMENTS

Name:	
Aimee Belgard	
Page 7 of 8	

			Date	dentify the da
			Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence d continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare
			Terms of Agreement	ve with respect to: future employment; a leave of absence during the period of government service; emment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate Accounting Services Accounting Services		
Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	Brief Description of Duties
		Accounting Services

NOTE NUMBER 1
Spouse was sworn into office in January, 2014; thus, this is the first report wherein this entry is included.
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